U.S. Department of Labor \*Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 36-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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## READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 3697		2. Fiscal Year Covered From:		
	•	1 / 1 / 2004	Through: 12 / 31 / 2004	
3. Name and address of person filing.		4 Name, file number, and address of labor organization.		
Name Robert W Lesniewski		Name New York State United Teachers (NYSUT)		
		Labor Organization File Number	070-581	
P.O. Box, Bldg., Room No., if any		P.O. Box, Building and Room Number, if any		
Street 800 Troy Schenectady Road		Street 800 Troy Schenectady Road		
City Latham		City Latham		
State New York	ZIP Code + 4 12110 - 2455	State New York	ZIP Code + 4 12110 - 2455	
5. Position in labor organization.	Director of Finance & Adminis	tratio		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizat     6. Name and address of Employer (including trade name, if any).		7.a. Nature of Interest, Transaction, or Income.		
Name and address of Employer (including trade name, if any).		7.a. Nature of Interest, Transaction, or Income.		
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any			<u></u>	
Ch and		7.b. Amount.		
Street				
City				
State	ZIP Code + 4			
	Sig	ature		
submitted in this report (including	n. The undersigned declares, under penalty ong the information contained in any accompanionelief, true, correct, and complete. (See the signal of the signal	ing documents), has been examined b	of the law, that all of the information y the signatory and is, to the best of the	
Signed lohu All	Em (	On 8/15/2005 518	3-213-6000	
		D. I.	Tolonhoon Number	

Date

Telephone Number

♠ ame of Person Filing Robert Lesniewski	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or ot of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	therwise dealing with the business actively seeking to represent, or rindirectly to, or otherwise		
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Amalgamated Eank			
Trade Name, if any:	a. Labor Organization  b Trust  c. Employer		
P O. Box, Bldg., Room No., if any			
Street 11-15 Union Square			
City New York			
State New York ZIP Code + 4 10903			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing		
Name	Amalgamated is one of NYSUT's banks. On average, NYSUT holds approximately \$8 million dollars in		
Trade Name, if any:	various checking, mcney market and CD accounts with this bank.		
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing. \$8,000,000		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4	Baseball tickets on 8/8 - \$60		
	This is a supplemental report to one originally filed on 7/14/2005.		
	12.b. Amount. \$60		
C. Received from any employer (other than an employer covered upon from any labor relations consultant to an employer any payment of mo	under parts A and B above) oney or other thing of value.		
13.a Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	,		
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		